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# OF PAGES (INCLUDING COVER):

FILE NAME: IBIS0058-100 (IBIS-0171)

DATE: February 23, 2004

FILE #: 99997

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RECIPIENT(S)	PHONE	FAX
Examiner M. Schmidt	703 308 0198	703 872 9306

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Application No.: 09/310,844

Attachments Transmittal  
Fee Transmittal

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PTO/SB/21 (08-03)

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**TRANSMITTAL  
FORM**


(to be used for all correspondence after initial filing)

<b>TRANSMITTAL FORM</b>  (to be used for all correspondence after initial filing)	Application Number	09/310,844	
	Filing Date	5/12/99	
	First Named Inventor	David J. Ecker	
	Art Unit	1635	
	Examiner Name	M. Schmidt	
Total Number of Pages in This Submission	2	Attorney Docket Number	IBIS0058-100 (IBIS-0171)

**ENCLOSURES (check all that apply)**


<input checked="" type="checkbox"/> Fee Transmittal Form  <input type="checkbox"/> Fee Attached  <input checked="" type="checkbox"/> Amendment / Reply  <input type="checkbox"/> After Final  <input type="checkbox"/> Affidavits/declaration(s)  <input type="checkbox"/> Extension of Time Request  <input type="checkbox"/> Express Abandonment Request  <input type="checkbox"/> Information Disclosure Statement  <input type="checkbox"/> Certified Copy of Priority Document(s)  <input type="checkbox"/> Response to Missing Parts/Incomplete Application  <input type="checkbox"/> Response to Missing Parts under 37 CFR 1.52 or 1.53	<input type="checkbox"/> Drawing(s)  <input type="checkbox"/> Licensing-related Papers  <input type="checkbox"/> Petition  <input type="checkbox"/> Petition to Convert to a Provisional Application  <input type="checkbox"/> Power of Attorney, Revocation Change of Correspondence Address  <input type="checkbox"/> Terminal Disclaimer  <input type="checkbox"/> Request for Refund  <input type="checkbox"/> CD, Number of CD(s)	<input type="checkbox"/> After Allowance Communication to Group  <input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences  <input type="checkbox"/> Appeal Communication to Group (Appeal Notice, Brief, Reply Brief)  <input type="checkbox"/> Proprietary Information  <input type="checkbox"/> Status Letter  <input checked="" type="checkbox"/> Other Enclosure(s) (please identify below):		
<table border="1"> <tr> <td>Remarks</td> <td></td> </tr> </table>			Remarks	
Remarks				

**SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT**

Firm or Individual name	Kenneth H. Tarbet/43,181
Signature	
Date	February 23, 2004

**CERTIFICATE OF MAILING**

I hereby certify that this correspondence is being facsimile transmitted to the USPTO or deposited with the United States Postal Service with sufficient postage as first class mail in an envelope addressed to: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450 on the date shown below.

Typed or printed name	Kenneth H. Tarbet/43,181	Date	February 23, 2004
Signature			

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PTO/SB/17 (05-03)

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**FEE TRANSMITTAL  
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Effective 01/01/2003, Patent fees are subject to annual revision.

☐ Applicant claims small entity status. See 37 CFR 1.27**TOTAL AMOUNT OF PAYMENT** (5)0**Complete if Known**

Application Number	09/310,844
Filing Date	5/12/89
First Named Inventor	David J. Ecker
Examiner Name	M. Schmidt
Art Unit	1836
Attorney Docket No.	IBIS0058-100 (IBIS-0171)

**METHOD OF PAYMENT (check all that apply)**
☐ Check ☐ Credit card ☐ Money ☒ Other ☐ None  
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Cozen O'Connor, P.C.

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**FEE CALCULATION****1. BASIC FILING FEE**

Large Entity		Small Entity		Fee Description	Fee Paid
Fee Code	Fee (\$)	Fee Code	Fee (\$)		
1001	770	2001	385	Utility filing fee	
1002	330	2002	165	Design filing fee	
1003	820	2003	200	Plant filing fee	
1004	750	2004	375	Reissue filing fee	
1005	160	2005	80	Provisional filing fee	

**SUBTOTAL (1)**

(5)

**2. EXTRA CLAIM FEES FOR UTILITY AND REISSUE**

Total Claims		Extra Claims		Fee from below		Fee Paid	
Independent Claims							
Multiple Dependent	0	0	0	0	0	0	0

Large Entity		Small Entity		Fee Description
Fee Code	Fee (\$)	Fee Code	Fee (\$)	
1202	18	2202	9	Claims in excess of 20
1201	86	2201	43	Independent claims in excess of 3
1203	280	2203	140	Multiple dependent claims, if not paid
1204	84	2204	42	** Reissue independent claims over original patent
1205	18	2205	9	** Reissue claims in excess of 20 and over original patent

**SUBTOTAL (2)**

(5)

\*\*or number previously paid, if greater. For Reissues, see above

**FEE CALCULATION (continued)****3. ADDITIONAL FEES**

Large Entity Small Entity

Fee Code	Fee (\$)	Fee Code	Fee (\$)	Fee Description	Fee Paid
1051	130	2051	65	Surcharge - late filing fee or oath	
1052	50	2052	25	Surcharge - late provisional filing fee or cover sheet	
1053	130	2053	130	Non-English specification	
1812	2,520	1812	2,520	For filing a request for ex parte reexamination	
1804	820*	1804	820*	Requesting publication of SIR prior to Examiner action	
1806	1,840*	1806	1,840*	Requesting publication of SIR after Examiner action	
1251	110	2251	55	Extension for reply within first month	
1252	410	2252	205	Extension for reply within second month	
1253	930	2253	465	Extension for reply within third month	
1254	1,450	2254	725	Extension for reply within fourth month	
1255	1,970	2255	985	Extension for reply within fifth month	
1401	320	2401	180	Notice of Appeal	
1402	320	2402	180	Filing a brief in support of an appeal	
1403	200	2403	140	Request for oral hearing	
1451	1,510	1451	1,510	Petition to institute a public use proceeding	
1452	110	2452	65	Petition to revive - unavoidable	
1453	1,300	2453	650	Petition to revive - unintentional	
1501	1,300	2501	650	Utility issue fee (or reissue)	
1502	470	2502	235	Design issue fee	
1503	630	2503	315	Plant issue fee	
1460	130	1460	130	Petitions to the Commissioner	
1807	50	1807	50	Processing fee under 37 CFR 1.17 (a)	
1806	180	1806	180	Submission of Information Disclosure Stmt	
8021	40	8021	40	Recording each patent assignment per property (times number of properties)	
1809	750	2809	375	Filing a submission after final rejection (37 CFR § 1.129(a))	
1810	750	2810	375	For each additional invention to be examined (37 CFR § 1.129(b))	
1801	760	2801	375	Request for Continued Examination (RCE)	
1802	800	1802	900	Request for expedited examination of a design application	


Other fee (specify): 2 Month Extension of Time already paid

\*Reduced by Basic Filing Fee Paid

**SUBTOTAL (3)**

(5)

**SUBMITTED BY****Complete if applicable**

Name (Print/Type)	Kenneth H. Tarbet	Registration No. Attorney/Agent	43,181	Telephone	619-234-1700
Signature		Date	February 23, 2004		

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**DOCKET NO.: IBIS0058-100 (TBIS-0171)**

**PATENT**

**IN THE UNITED STATES PATENT AND TRADEMARK OFFICE**

In re application of:

**Ecker, Griffey, Crooke, Sampath, Mohan, Swayze, Hofstadler, and McNeil**

Serial No.: 09/310,844

Group Art Unit: 1635

Filed: May 12, 1999

Examiner: M. Schmidt

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For: **MOLECULAR INTERACTION SITES OF INTERLEUKIN-2 RNA AND METHODS  
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On February 23, 2004

  
Ken Tarbet Reg. No. 43,181

**MAIL STOP RCE**

Commissioner for Patents  
P.O. Box 1450  
Alexandria, VA 22313-1450

Dear Sir:

**AMENDMENT AND REQUEST FOR RECONSIDERATION**

This Amendment and Request for Reconsideration is filed in response to the Notice of Non-Compliant Amendment mailed February 6, 2004. Applicant herein submits a complete listing of all claims, as required under 37 C.F.R. 1.121. Applicant further requests entry of these amendments on the record. Applicant respectfully request that the application be amended as follows.

**Amendments to the Claims**, as reflected in the listing of claims begins on page two.